Appendix 2: Reading HWB - BCF 2026-27 Numerical Template (Final)

Better Care Fund 2026-27 Numerical Template

Data Sharing Statement

Data Sharing Statement

Please see below important information regarding data sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided.

Purpose of data collection

NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations.

Type and scope of data

Patient-level data, including identifiable information like NHS numbers, is not required.
Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.
The BCF numerical template is categorised as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk.

Access, sharing, and publication

The BCF numerical template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests.
Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities.
External Sharing: Data and information from this numerical template and associated narrative return may be shared with partner organisations and Arm's Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development.
Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data).

Storage and security

Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.
The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.

Data analysis and use

NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.
Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.

Concerns

For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS England

Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

The numerical return is designed to capture planned BCF spend, goals and assurance statements. Together with the narrative return these will enable local areas to demonstrate how they meet the national funding conditions, in line with the published BCF 2026-27: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027.

Completed numerical returns are due by Tuesday 19 May 2026 (noon)

Submissions should be sent to the national BCF team at england.bettercarefundteam@nhs.net, as well as to regional Better Care Managers.

This guidance provides an overview of how to complete this numerical return. Further guidance is provided in the BCF Planning Principles guidance and and supporting documents which can be found on the Better Care Exchange - https://future.nhs.uk/bettercareexchange/view?objectID=70716560

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off

National condition one (refer to tab 6) outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. Please enter date of expected sign off if not yet signed off. **This accountability must not be delegated**.

Data completeness and data quality:

- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).
- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

This sheet should be used to specify all funding contributions to the HWBs BCF plan and pooled budget for 2026-27. This section will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (LABCG). For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your better care manager).

Additional Contributions

This sheet also allows local areas to add in additional contributions from both the NHS and local authority. You will be able to update the value of any additional contributions (local authority and NHS) income types locally. If you need to make an update to any of the funding streams, select 'Yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information as this will ensure section is marked as complete.

Unallocated funds

Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

4. Expenditure

Please see tab '4a. Expenditure guidance' for further information.

5. Metrics

For 2026-27, local authorities, integrated care boards (ICBs) and HWBs will be expected to monitor performance and improvement for the four metrics listed in the Metrics Handbook https://future.nhs.uk/bettercareexchange/view?objectID=277641413, available on the Better Care Exchange:

It is a national requirement for partners to set local goals in relation to the following two metrics:

- Non elective admissions to hospital for people aged 65 and over per 100,000 population
- Average length of discharge delay for all acute adult patients

HWBs are also encouraged to set goals for the metric on long-term admissions to residential and nursing homes for people aged 65 and over per 100, 000 population.

We also expect HWBs to monitor and drive improvements for the metric on the proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by local authorities who remained in the community within 12 weeks of discharge.

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month

Source statistics: https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This is calculated as the sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients discharged in that month.
In completing the table for 2026-27 we ask areas to set out these two components and sheet automatically calculates the average figure:
- In a given month, the total number of patients discharged on the same day as their Discharge Ready Date, divided by the total number of patients discharged in that month.
- The sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients delayed by at least 1 day and discharged in that month.
Source statistics: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

3. Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population
- Admissions data is taken from the Client Level Data (CLD) source published on a quarterly basis and presents admissions as a rolling 12-month total, calculated to the end of each quarter and reported as a rate per 100,000 population.
- Population are based on a calendar year using the latest available mid-year estimates.

Any improvement planned in reablement can be noted in the narrative template but does not need to be included in this numerical template.

For missing pre-populated actuals data from November 2025 to date, please check the BCF dashboard on the DHeXchange which will have more recent data as it becomes available.

6. National conditions

This section requires local authorities, ICBs and HWBs to confirm whether the three BCF national conditions and planning requirements detailed in the published BCF 2026-27 guidance will be met. The assurance statements in this section refer to specific planning requirements, supplementing the information provided in the narrative template and this numerical template.

This sheet requires the local authories, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the national conditions are as below:

- ***National condition 1:*** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding.
to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.
- ***National condition 2:*** ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must
maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.
- ***National condition 3:*** ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS England

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

		Complete:
Health and Wellbeing Board:	Reading	Yes
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes	Yes
If no indicate the reasons for the delay.		Yes
If no please indicate when the HWB is expected to sign off the plan:		Yes

Submitted by:	Beverley Nicholson	Yes
Role and organisation:	Integration Programme Manager, Reading Borough Council	Yes
E-mail:	beverley.nicholson@reading.gov	Yes
Contact number:	07812 461464	Yes
Documents submitted (please select from drop down) In addition to this template the HWB are submitting the following:	Narrative	Yes

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation	
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	Rachel	Eden	Rachel.Eden@reading.gov.uk		Yes
	Health and wellbeing board chair						
Named accountable person	Local authority chief executive	Mrs	Jackie	Yates	jackie.yates@reading.gov.uk		Yes
	ICB chief executive 1	Dr	Nick	Broughton	nick.broughton1@nhs.net	Thames Valley Integrated Care Board	Yes
	ICB chief executive 2 (where required)						
	ICB chief executive 3 (where required)						
Finance sign off	LA section 151 officer	Mr	Darren	Carter	darren.carter@reading.gov.uk		Yes
	ICB finance director 1	Mr	Richard	Chapman	Richard.chapman@nhs.net	Thames Valley Integrated Care Board	Yes
	ICB finance director 2 (where required)	Mr	Daniel	Leveson	daniel.leveson@nhs.net	Thames Valley Integrated Care Board	
	ICB finance director 3 (where required)						
Area assurance contacts	Local authority director of adult social services	Mrs	Melissa	Wise	melissa.wise@reading.gov.uk		Yes
	DFG lead	Ms	Carla	Thomas-Bellamy	Carla.Thomas-Bellamy@reading.gov.uk		Yes
	ICB place lead 1	Ms	Rachael	Corser	rachael.corser@nhs.net	Thames Valley Integrated Care Board	Yes
	ICB place lead 2 (where required)	Ms	Helen	Clark	helen.clark23@nhs.net	Thames Valley Integrated Care Board	
	ICB place lead 3 (where required)						
	Director for Adult Social Care Commissioning, Transformation & Performance	Ms	Lara	Fromings	Lara.Fromings@reading.gov.uk	Reading Borough Council, Adult Social Care	

Please add any additional key contacts who have been responsible for completing the plan

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Reading

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,535,942
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£1,535,942**

Complete:

Local authority better care grant (LABCG)	Contribution
Reading	£3,321,794
Total Local authority better care grant	**£3,321,794**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes

Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Reading	£305,000	Local Authority contribution
Reading	£773,593	C/fwd project and revenue underspend
Reading	£70,900	DFG C/fwd for cases assessed but not yet started
Total additional local authority contribution	**£1,149,493**	

Yes

NHS minimum contribution	Contribution
NHS Thames Valley ICB	£15,360,094
Total NHS minimum contribution	**£15,360,094**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	No

Yes

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total additional NHS contribution	**£0**	
Total NHS contribution	**£15,360,094**	
	2026-27	
Total BCF pooled budget	**£21,367,323**	

Yes

Funding contributions comments
For any useful details please use the text box below (for no additional comments, insert 'NA')

The carried forward funding is allocated against a range of integration projects to enable improved access to services and flow, and the left shift to supporting prevention in and with our communities, combined with revenue funding. These projects and grants are supporting us in achieving the better care fund objectives and metric targets, improving outcomes for our residents and embedding learning from our community outreach schemes to inform the development of neighbourhood working. The Disabled Facilities Grant underspend is included here and is allocated against DFG funded works that had not been completed at end of year, and this fund is managed by our Housing Directorate.

Yes

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board:	Reading

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£1,535,942	£1,535,942	£0
NHS Minimum Contribution	£15,360,094	£15,360,094	£0
Local Authority Better Care Grant	£3,321,794	£3,321,794	£0
Additional LA Contribution	£1,149,493	£1,149,493	£0
Additional NHS Contribution	£0	£0	£0
Total	**£21,367,323**	**£21,367,323**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS	£7,191,066	£10,012,131

Checklist

Column complete:

	Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (
1	Discharge support and infrastructure	Short Term/Hospital Discharge Team	NHS Minimum Contribution	Yes	£2,138,622
2	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement - Local Authority In-house Community Reablement Team	NHS Minimum Contribution	Yes	£2,196,778
3	Discharge support and infrastructure	OT/SW Support to Hospital Discharge to Assess team	NHS Minimum Contribution	Yes	£160,218
4	Discharge support and infrastructure	Step Down Beds - Discharge to Assess	NHS Minimum Contribution	Yes	£357,807
5	Discharge support and infrastructure	Step Down Beds - (Physiotherapy)	NHS Minimum Contribution	Yes	£92,144
6	Long-term home-based social care services	Care Packages - Mental Health	NHS Minimum Contribution	Yes	£143,575

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (
7	Long-term home-based social care services	Care Packages - Physical Support	NHS Minimum Contribution	Yes	£891,191
8	Long-term home-based social care services	Care Packages - Memory and Cognition	NHS Minimum Contribution	Yes	£552,629
9	Assistive technologies and equipment	Technology Enabled Care (TEC,) Equipment, Aids and Appliances	NHS Minimum Contribution	Yes	£270,500
10	Discharge support and infrastructure	Independent Mental Health Advocacy	NHS Minimum Contribution	Yes	£36,050
11	Wider local support to promote prevention and independence	Falls Prevention Service	NHS Minimum Contribution	Yes	£274,778
12	Wider local support to promote prevention and independence	Integration Board Projects (Front Door Service, Community support and Social Prescribing Digital Platform)	NHS Minimum Contribution	Yes	£385,621
13	Evaluation and enabling integration	Care Act Duties - Brokerage, Commissioning, Safeguarding, Assessments	NHS Minimum Contribution	Yes	£422,187
14	Wider local support to promote prevention and independence	Carer's Services Contribution to Care Act costs - Closing the Gap (NHS)	NHS Minimum Contribution	Yes	£208,060
15	Wider local support to promote prevention and independence	Carer's Services Contribution to Care Act costs - Closing the Gap (LA)	Additional LA Contribution	Yes	£305,000

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (
16	Evaluation and enabling integration	Project Management Office (Incl. Performance Reporting / PHM)	NHS Minimum Contribution	Yes	£173,544
17	Discharge support and infrastructure	Hospital to Home Service to support vulnerable people to return home safely and prevent readmission	NHS Minimum Contribution	Yes	£10,000
18	Evaluation and enabling integration	ICB Contingency	NHS Minimum Contribution	No	£1,236
19	Evaluation and enabling integration	ICB Project Management Office	NHS Minimum Contribution	No	£92,245
20	Wider local support to promote prevention and independence	ICB contribution to Integrated Neighbourhood Working Fund / Berkshire West Schemes	NHS Minimum Contribution	No	£247,421
20a	Wider local support to promote prevention and independence	LA contribution to Integrated Neighbourhood Working Fund / Berkshire West Schemes	Additional LA Contribution	No	£109,172
21	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	BHFT - Community Reablement Team. Contribution to BW Place Costs	NHS Minimum Contribution	No	£1,139,250
22	Support to carers, including unpaid carers	Support and Advice Services for Young People with Dementia (YPWD), Alzheimers DCA, Stroke Association	NHS Minimum Contribution	No	£162,025

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27
23	Evaluation and enabling integration	Connected Care	NHS Minimum Contribution	No	£323,892
24	Urgent community response	Care Homes / RRaT	NHS Minimum Contribution	No	£669,984
25	Wider local support to promote prevention and independence	Speech & Language Therapy - Eating and Drinking referral service	NHS Minimum Contribution	No	£65,061
26	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Out of Hospital Care Home in-reach	NHS Minimum Contribution	No	£130,753
27	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Out Of Hospital - Community Geriatrician	NHS Minimum Contribution	No	£137,858
28	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intemediate Care (including integrated discharge to assess service)	NHS Minimum Contribution	No	£1,083,879
29	Evaluation and enabling integration	Health Hub - Acute Single Point of Access to Community Health Services.	NHS Minimum Contribution	No	£498,335
30	Urgent community response	Out Of Hospital - Intermediate Care, rapid response, reablement and part year night sitting service (linked to scheme 51 for remainder of year)	NHS Minimum Contribution	No	£313,738

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27
31	Evaluation and enabling integration	Street Triage service supporting Reading Rough sleepers	NHS Minimum Contribution	No	£177,185
32	Discharge support and infrastructure	Additional D2A beds (4, scale up to 10)	Local Authority Better Care	Yes	£395,170
33	Discharge support and infrastructure	Hospital to Home Service Top-up, to support vulnerable people to return home safely and prevent readmission	Local Authority Better Care Grant	Yes	£64,000
34	Discharge support and infrastructure	Bed & Breakfast / And Blitz Cleans to enable discharge back to usual place of residence	Local Authority Better Care	Yes	£70,000
35	Discharge support and infrastructure	Hospital Discharge support TEC	Local Authority Better Care	Yes	£50,000
36	Discharge support and infrastructure	Hospital / CRT delivering extended hours / Bank Holidays	Local Authority Better Care	Yes	£30,000
37	Evaluation and enabling integration	Workforce Development	Local Authority Better Care	Yes	£20,000
38	Discharge support and infrastructure	Hospital Discharge support Minor Works	NHS Minimum Contribution	Yes	£100,030
39	Long-term home-based social care services	Homecare capacity and waitlist management	NHS Minimum Contribution	Yes	£236,529
40	Discharge support and infrastructure	Additional SW/OT posts to support hospital discharge assessments and right-sizing of packages	NHS Minimum Contribution	Yes	£371,880
41	Discharge support and infrastructure	Complex Cases - high cost placements (including MH)	NHS Minimum Contribution	Yes	£783,909
42	Personalised budgeting and commissioning	Brokerage Staffing	NHS Minimum Contribution	Yes	£41,080

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
43	Disabled Facilities Grant related schemes	Adaptations, including statutory DFG grants	DFG	Yes	£1,535,942
44	Evaluation and enabling integration	Project spend c/fwd for projects running into 2026/27	Additional LA Contribution	Yes	£598,321
45	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Community Reablement Services - Care Packages	Local Authority Better Care Grant	Yes	£2,692,624
46	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Contribution to wider social care intermediate care services	NHS Minimum Contribution	No	£261,700
47	Wider local support to promote prevention and independence	Magic Notes - digital enabler	NHS Minimum Contribution	Yes	£50,000
48	Wider local support to promote prevention and independence	Social Prescribing	NHS Minimum Contribution	Yes	£30,000
49	Wider local support to promote prevention and independence	Policy and Engagement & Prevention	NHS Minimum Contribution	Yes	£85,000
50	Wider local support to promote prevention and independence	Optimising Care team to improve flow and prevent admissions	Additional LA Contribution	No	£90,000
51	End of life care	Night Sitting Service for Care and End of Life (Part Year - new contract)	NHS Minimum Contribution	No	£43,402
52	Wider local support to promote prevention and independence	Hoarding Service	Additional LA Contribution	Yes	£47,000

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.

Number	Category of scheme	Description
5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people's own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.

Number	Category of scheme	Description
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Reading

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,440	1,575	1,395	1,485	1,462	1,327	1,462					
	Number of admissions 65+	320	350	310	330	325	295	325					
	Population of 65+*	22,227	22,227	22,227	22,227	22,227	22,227	22,227					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,354	1,453	1,255	1,323	1,413	1,174	1,345	1,341	1,251	1,327	1,071	1,327
	Number of admissions 65+	301	323	279	294	314	261	299	298	278	295	238	295
	Population of 65+	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227

Complete:

Yes

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.85	0.88	1.32	0.92	0.81	1.11	1.16	1.20				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	76.5%	77.7%	73.2%	76.5%	73.4%	73.1%	68.0%	75.4%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.6	4.0	4.9	3.9	3.0	4.1	3.6	4.9				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients	0.60	0.51	0.63	0.78	0.59	0.84	0.87	0.93	0.81	0.95	0.88	0.90
Proportion of adult patients discharged from acute hospitals on their discharge ready date	83.3%	86.1%	81.3%	79.9%	80.5%	75.1%	76.4%	75.4%	74.3%	73.9%	75.3%	74.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.60	3.66	3.38	3.90	3.00	3.38	3.69	3.78	3.16	3.64	3.55	3.57

Yes

Yes

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	737.8	688.4	620.9	557.9	589.4	557.9	557.9	652.4
	Number of admissions	164	153	138	124	131	124	124	145
	Population of 65+*	22,227	22,227	22,227	22,227	22,227	22,227	22,227	22,227

Yes

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Reading

HM Government

NHS England

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution	Complete:
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.	Yes			Yes

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is	Timeframe for resolution	
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes			Yes
		ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes			Yes

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is	Timeframe for resolution	
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes			Yes